

**Proper Sex Education for Students with Moderate to Severe Disabilities**

**An Honors Thesis (HONR 499)**

**by**

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## **Abstract**

Sex education is already a subject many teachers are unprepared for with the general education population. Then, turn to the special education teachers who may have it as their job to cover sex education and it turns into a daunting task. Today, many teachers are ill-prepared to cover important topics that every student should have access to. The analysis of several different research articles covering the past, present, and future of sex education will drive change in how teachers should view teaching this subject and help them feel more prepared to teach it in their classroom. After a literature review, a plan was created for special education teachers of students with moderate and severe disabilities to be able to feel more prepared to teach this subject to their students. It covers what people have done in the past, what they are currently doing in classrooms, what topics should be covered, and some strategies on providing that instruction to students with moderate to severe disabilities. At the end of this plan there are sample lesson plans to show how a lesson on some of the topics presented could look like.

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## **Process Analysis Statement**

To carry out this research and creative project, I first had to decide where to begin the research. To show the significance of how the sex education program for students with moderate to severe disabilities is lacking, I first wanted to highlight the history of their sex education program. This is to show what people believed was ideal during past decades and to highlight later in the research how the sex education program has changed for students with moderate to severe disabilities. I then connected it to what is currently being done for these students in today's schools and what is suggested to cover. This was done through research of the sex education programs and the different curriculums used for the programs. After, I used the curriculums and performed research on what topics students want and what topics are nationally required to go over to plan out what teachers should be doing in their classrooms. I also considered what topics are important to cover for this group of individuals because of areas they are in danger of such as sexual abuse or unplanned pregnancies. After gathering all of that information, I created a list of topics that would be appropriate and crucial for students with moderate to severe disabilities to learn. I tied in different evidence-based strategies and techniques to help this population understand these types of concepts. At the end, I created some lesson plans as an example of how to set up this type of curriculum for teachers to use and adapt to their students.

## **The past of sex education for people with moderate to severe disabilities**

Sex education was already a subject many did not speak of in the past, especially for a person with a disability. Many believed that if the school systems did not teach it or go over it in depth, that the students would not do any of the actions such as masturbation or having sex before marriage. The school system in general would put out statements such as: homosexuality is bad, masturbation hurts you, or that it will when you have sex (Watson & Rodgers, 1980). These statements would be for the entire school population, not just students with disabilities. The sex education information shared by schools for general education students was about how if they did not talk about it, then nothing bad would happen from it. One study discussed the percentage of schools that discussed sex education for students with and without disabilities. Only about one third of students in the general education classes would receive any sex education instruction. Then, if they did go over that topic, it would not go into depth because there was only a limited amount of information available to teachers. This percentage shrank to only 7% of students with mild disabilities getting any sex education (May & Kundert, 1996). That percentage was only for mild disabilities, there was no number for students with moderate to severe disabilities, meaning that population got very little or no sex education, suggesting that it was not happening at all.

As said above, educating on sex education grew stricter when it came to individuals with disabilities, especially people with more severe disabilities. This is because the general public had negative perceptions about people who had disabilities and being able to express their sexuality or even realize they had sexual rights. The public thought that it was less acceptable for people with disabilities to show affection, than for someone without disabilities (Lumley & Scotti, 2001). Just the general sight of affection made people uncomfortable and because of this

feeling, the public denied the right to not give any access or allow participation in romantic relationships to people with disabilities. Without having any knowledge on the subject, people with disabilities could not explore what sexuality was or even try to understand the feelings they would have when attracted to someone or having a sexual urge.

One of the most violent forms of taking away this power of being a sexual person and expressing sexuality was sterilization. In the 1970s, some states would enforce involuntary sterilization for people with mental retardation (Lumley & Scotti, 2001). This was to stop any sort of sexual feelings and being able to act on those feelings, as well as to stop the continuation of “defective” genes. This extreme precaution taken by the government was performed to “keep the people safe”. This type of action takes away the student’s sexual identity and their humanity to act on their natural feelings and make the public feel at ease about people with disabilities producing children (Plaute, Salzburg, Westling & Cizek, 2002). The public did not want “these type of people” to be producing more children with disabilities. The idea that individuals with disabilities should not have sex or express themselves sexually was ~~This was the first type of~~ “education” people with disabilities. This was the extreme measure utilized to remove sexual right and fortunately ended by the 1970s. After this era, school education was either very limited or non-existent.

Now, the schools that did have any sort of sex education course only focused on hygiene and abstinence only programs. These types of programs only wanted to end any type of sexual activity for individuals with disabilities. This was because people with disabilities were thought to have little to no interest in sexual behaviors. Women were thought to have no sexual interest at all, while men with disabilities were thought to only have sexual feelings that were deviant in nature and not appropriate. With only teaching limited subjects dealing with sexual education to

students with disabilities, drastic consequences occurred (Colson & Carlson, 1993). Some of these consequences included students contracting sexually transmitted diseases like HIV/AIDS, chlamydia and other diseases that can be spread through sexual intercourse. This type of sex education also led to unplanned pregnancies and in some cases even sexual abuse because the students were not educated at all. In the few sex education courses that were available in the past, the biggest topic the students were taught were to “just say no”. This type of thinking just shuts down the natural part in the students of having sexual feelings or wanting sexual relationships and ignored the fact that students with moderate to severe students were still human beings that have the same feelings as everyone else (Colson & Carlson, 1993).

A little later after sterilization and opposition to sex education for people with disabilities in 1980's, the public opinion of educating people with disabilities began to change to supporting the inclusion of sex education in a special education curriculum (May, 1980). Even though there was much more public support for this idea, many different institutions stood in the way of these programs being developed. Some examples of who stood in the way included the schools, families, and religious institutions (May, 1980). Another barrier that stood in the ways of these programs getting any footing is the lack of adequately trained teachers. The current teachers had no clue of what they should teach or how to go about teaching those subjects to their students. After this, sex education seemed to look pretty similar from the 1980's to recently in the 2000's. Next, I will discuss what is currently being done for students with disabilities in today's sex education courses and what is currently being covered.

### **What is currently done for sex education for students with moderate to severe disabilities**

Today, we can see sex education programs for almost all students. But there are still many downfalls in these programs, such as limited education on relationships and birth control, and there is little to no home support from families or negative views from school districts. When staff and family members have negative views about sex or sex education, it can adversely affect the students since these are the student's primary support system for information (Lumley & Scotti, 2001). Another barrier in today's schools is the worry teachers face when wanting to try to teach sex education. Many teachers are concerned about either the community/parental values of the students or about confidentiality and the right to privacy of their students (Lamorey & Leigh, 1996). Some communities today are still extremely conservative and that can hold a teacher back from teaching an in-depth sex education unit. Or, legally, teachers do not want to overstep boundaries when students could possibly share something really personal or private. Teachers are concerned about the topics that will be taught and the communities view. Another area that is still a problem in today's schools are the logistic concerns of teaching sex education to students with disabilities. School personnel find it hard to find time in a special education curriculum to schedule time to teach sex education. With every student in the special education classroom having an individualized education program (IEP) it can be hard to find time to teach something that is not a goal for the students.

Also, the current teachers do not have the proper materials to teach sex education in their classrooms. They are lacking visuals, lesson plans, and curriculum to be able to teach their students (Blanchett & Wolfe, 2002). Currently, teachers who do teach sex education in their classrooms either find something from the health class and try their best to adapt it or try and make their own materials to meet the needs of their students. This leads to the next issue in



today's school. Schools face the issue of having no personnel properly trained to teach students about sex education. One article stated that there is minimal teacher education available in colleges or different higher education institutions. None of the courses for special education majors cover how to teach sex education for students with moderate to severe disabilities or what specific topics they should be covering (May, 2002). Unless something changes, either in the school systems or at the university level, none of the teachers will have the proper training to teach even if they had the materials. This has been a problem for the last thirty years and still has not changed. School districts could provide workshops for teachers to attain knowledge on how to teach sex education and where to find supplemental materials that work well with students with disabilities. Or, colleges and universities need to add to their curriculum, so they can produce teachers that are even more prepared. If some of these problems are not addressed, the problems students face will continue. Some such problems are discussed in the next section.

One behavior that is commonly seen with students who have moderate to severe disabilities is called counterfeit deviance. This is a behavior that has been shaped by contingencies and serves a function for the individual (Lumley & Scotti, 2001). Types of counterfeit deviance can be public masturbation or exposing oneself in public. These behaviors can often result from a lack of sex education. The goal is to gain attention and the students typically do not understand better ways of gaining attention or what their behavior means to others (Lumley & Scotti, 2001). If today's school sex education programs covered all the topics related to sexual identity, then the students could better understand their action. Individuals should be taught how to appropriately gain attention in other ways and be taught that masturbation is for public places such as the shower or bedroom (Lumley & Scotti, 2001). Many different behaviors can fall into their category of counterfeit deviance such as inappropriate

touching of others and inappropriate language. These types of behaviors are a result from a lack of education in today's society and could be improved with the proper education along with behavior management supports.

Most of what is taught in sex education programs today is the biological aspect of sex and not the social/emotional side that is critical for students with moderate to severe disabilities (Lumley & Scotti, 2001). Even in general education sex education programs, there are many different topics that are not covered. One article reviewed eight different sex education curriculums including, what they covered and then how the information should be covered. The eight different curriculums that were reviewed were: Life Horizons I, Life Planning Education a Youth Development Program, Reducing the Risk Building Skills to Prevent Pregnancy, STD and HIV, Project Action Curriculum, Reducing the Risk, Sexuality in Relationships, Life Planning Education and The Family Education Program. When reviewing the different curriculums, one can see what topics are covered in depth and what topics are barely covered if covered at all. Most of the curriculums cover the biological aspect of sex education very well. Topics can include anatomy, gender differences and pregnancy, but tend to leave out different forms of birth control. The next section is health and hygiene which is somewhat covered. The textbooks typically will cover health and wellness of your body but will not cover hygiene or body and diseases you can get such as STDs. After is the section on relationships. Most of the curriculums covered this section pretty good and went over topics such as relationships, feelings and expressions and responsibilities to your partner. But most books leave out dating and marriage, family types and roles and sexual orientation. All three of those are very important topics that deal with the social aspect of sexual orientation that students with disabilities greatly need.

The last section was titled self-protection/self-advocacy, which is a great need of concern for the special education population. This is important because this population typically has a harder time speaking up for themselves or making decisions for themselves. In certain situations, understanding how to speak up and speak their mind could be very hard for the student or even understanding when they should speak out for themselves. So, covering this area could help students with disabilities understand situations better and know how to be a self-advocate in sexual situations when they need to. One article stated how students with disabilities need proper self-advocacy in the realm of sexuality because a disproportionately high rate of people with moderate to severe disabilities are at risk for sexual abuse, unplanned pregnancies and getting STDs (Lumley & Scotti, 2001). Then, looking at the self-protection/self-advocacy section and seeing that most curriculums do not cover protection against abuse, appropriate/inappropriate touching and then saying “no” to sex, drugs, alcohol or tobacco (Blanchett & Wolfe, 2002). These curriculums are created for the general education population and are lacking that much information for the students. It is alarming to think even less is covered for students with moderate to severe disabilities when they really need that instruction.

The specific instruction that students with disabilities receive is scarce compared the general education population that was discussed above. Below are the totals from 202 responses of special education teachers interviewed about their curriculum and what they cover. These totals are only about 44% of the total responses of a survey since all of the other teacher responses said that they did not cover sex education at all in their classrooms (Howard-Barr, Rienzo, Pigg & James, 2005). When interviewed through a survey, they went topic by topic, of what topics they cover when they teach sex education to their students. Overall, the highest categories that were taught were families, friendship, decision making, communication, values

and body image. Topics such as masturbation, sexual identity, contraception, abortion, sexuality and society, and sexual behavior were all at 10% or less from the teacher responses in regards to instruction in the classroom. Without the proper materials or education, it is very hard for teachers to have a full sex education unit in their classroom (Howard-Barr, Rienzo, Pigg & James, 2005). This leads to students missing out on key information that could help them understand different feelings and themselves a little better. Even today when we have much more public and school support, there are still over half of the special education classrooms that are not going over any type of sex education.

One main area in need of coverage is HIV/AIDS prevention. Many of the sex education curriculums today leave out information on HIV/AIDS information and prevention methods. Even though 44 different states either mandate or recommend HIV education, the extent and depth of these programs greatly vary and may only bring up the subject briefly (Prater, Serna, Sileo & Katz, 1995). Schools can barely cover the topic and often leave out critical information. This is especially important for students with moderate to severe disabilities because they may be more vulnerable to contracting HIV than their peers. Research suggests that students with disabilities may be more vulnerable to sexual abuse and drug abuse, which can impact their probability for contracting HIV (Prater, Serna, Sileo & Katz, 1995). Today's school systems tend to leave out information about safer sex practices and alternatives due to conflicts of values and morals of the community (Colson & Carlson, 1993). Since most schools use the "just say no" method, students with disabilities miss out on critical information about safer sex and may be susceptible to acquiring sexual transmitted diseases (STDs) because of their limited knowledge on the subjects. Covering HIV/AIDS in sex education course is very important and something

that is barely discussed. This information needs to be given to both the general education students and students with disabilities.

The last part of this section discusses what is covered in sex education courses reviews results of these programs, and how the programs affect students with disabilities. One way this information was attained was through semi-structured interviews with individuals with disabilities at different stages in their life. One of the individuals who was interviewed was a 54-year old man who lives in an apartment by himself. During his interview he stated how he is very lonely he does not have many friends even though he wishes to have some. Another male who was interviewed is a 48-year old, he described himself as a desirable male and says he is sexually active. One of his obstacles that he faces is that his partner does not want the same sexual activities as him and his parents are an obstacle for him because they will not discuss marriage or spending quality time with a girl. The last male that was interviewed was a 21-year old male who is sexually active, but typically will go to clubs to find sexual interaction (Turner & Crane, 2016). These interviews reveal that some individuals did have some sex education in their past, but some individuals lack knowledge on safe sex practices and understanding different relationships. This demonstrates the importance of having quality sex education programs in the schools because they affect individuals with disabilities, their sexuality, and adult life.

## **The different ways to teach sex education for students with moderate to severe disabilities for the future**

The main goal when creating or teaching sex education to increase knowledge for students with moderate to severe disabilities and have them come out of the program understanding more about themselves and the different aspect related to sexuality. One approach that would work very well when teaching sex education to students is person centered planning. This type of planning is a team approach where the students wants and needs are met while thinking about the following: maintaining personable relationships with the students and family, expressing the different choices and options that are available, giving the chance to students to have fulfilling positions in society (Lumley & Scotti, 2001). This type of planning is individualized to the students and their wants/needs. This is just like what special educators would do for a student's IEP. One of the biggest proponents of sex education is making sure the student has their interest included in the program. A teacher can accomplish this by using interest inventories, student drop boxes and student surveys to see what the students want to learn about and explore (Romaneck & Kuehl, 1992). Below is different strategies and components that should be considered when creating a sex education program for students with moderate to severe disabilities.

### **Direct instruction**

When developing instruction, the teacher should keep in mind that students would work best with accurate facts and information. The facts given should be direct and forward so students can best understand the information. Direct instruction should happen before the puberty period, but the teachers also need to understand the mental age of the students to decide

when is best for the student to receive the instruction (Romanneck & Kuehl, 1992). Direct instruction is when a teacher will explicitly teach the facts and information to the students. This will typically be with the teacher up front in the room discussing the topic. This would not be the only type of instruction given to the student. It could act as the first introduction to a certain topic before other instruction is given to the students. It would be best for the teacher to use small, concrete steps and review the information over time (Sweeney, 2007). Direct instruction should be pursued with a variety of other teaching strategies that work well with the students and accommodations that the students need. This strategy also could be implemented in whole group and small group instruction.

### **Co-teaching**

The special education teacher can find some great resources and use their materials to assist with creating a program for their students. But they can use other resources like fellow teachers to help with developing and delivering the instruction. The special education teacher should be on contact with the health teacher and/or the general education teacher. This can help with identifying how to best go at teaching the subject and then how they should teach it. They could either use team teaching or parallel teaching (Sinclair, Kahn, Rowe, Mazzotti, Hirano & Knowles, 2016). Team teaching is when the special education teacher and the second teacher can model different concepts and use role playing to give a better visual to the students. Parallel teaching is when the special education teacher along with the second teacher plan and give a lesson together. The class would be split into two groups and each teacher will teach the same lesson to their group. They will each use their strengths during the lesson to give the best instruction for the students in the different groups.

Another way co-teaching can be done is to create a team to teach a sex education unit. This team can, but does not have to include the teacher, health teacher, psychologist or any other professional in the school building that could assist with the curriculum (Reich & Harshman, 1971). Working as a team could ensure that the curriculum being taught meet the students' need and that throughout the whole process the students feel comfortable. The different professionals in the team work together to create a comprehensive program and fully supports the students; educational and emotional needs that may arise throughout the unit. Also, by working as a team, the different individuals in the team can give feedback to one another to improve the unit where it is weak. Schools could set up trainings on co-teaching and how to teach the curriculum to best help the team work together to make the best unit possible (Lamorey & Leigh, 1996).

### **Manipulative and Visuals**

When designing instruction for a sex education unit, the teacher or team of teachers should make sure to includes manipulatives and visuals whenever appropriate and possible. This is because the students with disabilities learn best with means of concrete and preferably three-dimensional materials (Watson & Rogers, 1980). For every lesson, the materials will look different based on the content. Examples of different manipulatives could like a version of the human body when discussing anatomy with student. Other ways to include real experiences that students can learn from is planning community-based instruction trips to show students where to go if they feel like they are in a bad situation or places to go for help. An example of this is taking students to family planning clinic or STD clinics and the police station. Another way to expose students to the resources is to invite guest speakers (Watson & Rogers, 1980). By having guest speakers come to the classroom, the professionals could talk about what different services are available for the students.



The other support that students with disabilities will really benefit is from the use of visuals during the teaching of sex education. Using pictures, posters, videos and any other form of visual that is appropriate for the lesson at hand would greatly help students with understanding the different topics. In some cases, a picture could be too graphic, so incorporating the use of social stories for topics such as consent or intimate touch would be very useful for students. The use of visuals in combination with other resources will assist students with learning some of these harder concepts (Watson & Rogers, 1980).

### **Open communication**

The communication between the educators and other individuals in the team is very crucial. There needs to be frequent communication between all team members as well as communication between the team, the school and then parents of the students (Lamorey & Leigh, 1996). Communication between all of these people needs to be constant and informative to make sure everyone is on board with the curriculum and the plan for teaching it. Another area that is important with communication is being able to communicate with the students. Seeing what they want to learn about and being open to the questions they may have (Watson & Rogers, 1980). The teacher needs to be open with the students and let them discuss their feelings and questions. The teacher needs to be comfortable with the students and also have resources for the students to go to such as a school counselor and psychologist who would be better prepared to discuss certain topics such as sexuality or abuse with. Overall, communication between anyone who will be involved in the sex education unit should have open and frequent communication with one another.

### **Individual approach**

Teaching typically occurs with a whole group perspective since there are many students in the classroom. In most special education classrooms, there is a mixture of whole classroom, small group and individualized instruction for the different content areas. The same should be applied when teaching sex education to students with moderate to severe disabilities. The teacher, or group of professionals, should assess the students in the classroom to see where each one is developmentally and emotionally (Reich & Harshman, 1971). This will help with understanding what each student needs and how to split up the classroom into different groups. Then the assessments, along with discussions with the parents/guardians, will show what each individual student should focus on with a one-to-one basis (Reich & Harshman, 1971). This individualized approach, along with using whole and group teaching, will help bring the student to being more sexual mature since the instruction for each student will be different based off their needs. Student in a single classroom will be at different stages of development mentally and physically (Watson & Rogers, 1980). That is why when creating a unit, the teacher needs to understand that the instruction needs to be individualized to be appropriate for every student.

### **Assessment**

When thinking about assessment, it is very important for it to be included as it can help educators gauge what the students currently know and then to be able to track their progress throughout the unit. The assessment should be individualized, just like everything else should be for students. There should be a pre-assessment before any instruction starts, this would be baseline data for the students. The baseline will help the teacher create the program that will work best with the students. After the unit is finished, the teacher can complete a post assessment to track how much the student has learned and then what topics may need to be covered again later in the year. (Lumley & Scotti, 2001).

The different types of assessment can include typical paper and pencil assessments, oral assessments, possibly role-playing assessments, and possibly doing an interview-type of assessment. The types of assessments would need to be individualized and picked to fit the needs of the student. Role playing would be where students are assessed individually using assessed see how the student would do in real life situations (Lumley & Scotti, 2001). This could be controversial, but it has been researched to see how well a student can do in certain situations and see how the student does with sexual abuse and recognizing it (Lumley & Scotti, 2001). The parent and student would have to consent to this type of assessment before the student could do it. The reason this type of assessment could be so useful is because individuals with disabilities are three times more likely than the general population to be sexually assaulted (Howard-Barr, Rienzo, Pigg & James, 2005). This type of assessment would let the educators see how the students would do in those types of situations.

One common tool that is used by many different teachers is called the Sexuality Education Protocol (SEP). This tool can help with assessing the student progress and how students are doing with different goals created for the unit (Sinclair, Kahn, Rowe, Mazzotti, Hirano & Knowles, 2016). This tool does not have to be used for everything but could give good insight on what the students already know and where to begin planning. It can also be an end of the unit assessment to see where students will need review on the topics since students with disabilities respond well to repetition and coving topics more than once.

### **Caregiver support**

Parents and caregivers may not have any information or very little information on how to discuss sex and different topics related to sex to their students. It is already a difficult topic for any parent to bring up, but when a student has a disability knowing how much information to

discuss or when to even have that conversation is hard. That is why many parents may withhold information or not go into detail on certain topics in fear of vulnerability or overwhelming their student (Howard-Barr, Rienzo, Pigg & James, 2005). That is why the special education teachers and health teachers should be providing information for the parents/caregivers to help them with their transition of their student going through puberty. The first step in involving families is for the teacher to inform the parents on the upcoming unit and to get consent on the participation of their student. Then, options and caregiver rights should be given to the parents/caregivers. After this is done, the teacher should ask for any input on the program and should be given information on the developed unit. The families should also be given information on how to contact the teacher and the school administration if they have any questions (Sinclair, Kahn, Rowe, Mazzotti, Hirano & Knowles, 2016). The parents/guardians should be informed and included throughout the whole unit since it is such an important topic.

The other way the school and teachers involved in the sex education unit can keep open communication with the parents and help them with discussions at home is to provide parents and guardians with resources. Throughout the different sections of the unit, the teacher can provide parents with a list of resources for them to look at and to have for their student (Tissot, 2009). Keeping the parents up to date with what the students are learning and making sure they are getting the resources that are discussed in class will help the connection between parent/guardian and teacher. If the parents or guardians have any questions about anything during the unit, make sure the teacher or team of teachers is there to assist them.

## **What topics should be included in a sex education curriculum for students with moderate to severe disabilities**

Below is a list of different topics that would create a comprehensive sexual education unit to teach to students with moderate to severe disabilities. Since every students' education should be individualized, topics can be added or not covered when creating your own curriculum. This is just a guiding list to use when starting to create a sex education unit. When creating a sex education unit, it is important to not only include topics that are physiological, but the social/psychological aspects as well (Brantlinger, 1992). The students will need explicit instruction on many of the topics included below, but it is for their understanding and safety to cover them.

### 1.) Health education (reproduction, puberty, body image, anatomy)

These topics are generally covered in health classes but may not be delivered in a way that is meaningful to students with disabilities. These topics would cover anatomy of the reproduction systems, covering what puberty will look like for both boys and girls, and what body image is and how it changes as you get older (Brantlinger, 1992). Also, the teacher or teachers can discuss the function of the anatomy to the students, menstruation and sexual feelings.

### 2.) STDs/HIV

When covering STDs and HIV/AIDs, the teacher should discuss general information about the most common STDS and then HIV/AIDS, talking about high-risk behaviors, transmission of the diseases and then providing the students and parents access to information about services related to the topic (Prater, Serna, Sileo & Katz, 1995). The teacher can go over some of the most common STDs and what they look like so they know what to look for if they

are ever in a sexual situation and do not know. Make sure to cover signs and symptoms of the most common ones and explain to students how to go to their parents/guardians and seek medical assistance if they think they got an STD.

### 3.) Questioning and Sexual Diversity

This topic should be about sexual diversity. This would be a discussion about different sexual identities such as gay, lesbian, bisexual, and etc. Also, the teacher can go over what transgender means and give examples. This entire section is to present different sexualities without bias. It is to show that sexuality is not black and white and how it can look different couple to couple. Another aspect to discuss in this section is different religious beliefs related to sexuality. The last topic to include if the teacher wants to is media and sexuality (Allen, 2008).

### 4.) Obscene gestures/sexual comments (masturbation and sexual comments)

Sometimes, students with moderate to severe disabilities will have behaviors that are not acceptable for the public atmosphere. Examples of this can be public masturbation or saying sexual comments to others when it is not appropriate. This section of the unit should focus on the differences between public and private affairs (Tissot, 2009). Here, the teacher would discuss where the student can masturbate and when it is appropriate as well as when it is appropriate for other behaviors such as when to say sexual comments (Tissot, 2009). Again, depending on the school system you work at, you can discuss what masturbation is, when/where one would masturbate and what makes you have feelings to masturbate. This discussion will be for both the males and females in the classroom since everyone can have feelings to masturbate. The discussion could be separated by gender if staffing is available.

### 5.) Sexual Intercourse

This discussion will be going over what sexual intercourse is, the different types of sexual intercourse as well as what it is for. The teacher can mostly focus on how it is used for

creating kids but can also talk about how it is for pleasure (Allen, 2008). If you do decide to discuss that part, make sure to go over how to be safe with either using protection or taking birth control/contraceptives and when the right time to have sexual intercourse. The teacher can bring up what consent is again (Allen, 2008). Talking about consent is very important so the students understand what it is and that you need to give and get consent before moving on with sexual activities. This should be an open discussion with the students about their feelings and answering any questions about sexual intercourse. The teacher can ask a counselor to sit in if that is appropriate. Also, before going over details in this part of the unit make sure what you will be teaching is alright with the parents.

#### 6.) Intimate touch

Discussing what intimate touch is, when a person would be in the right context for intimate touch and then what the difference is between normal touching and then what intimate touch is. In this section, a teacher can discuss consent and why it is important to have consent for intimate touching. This topic would help students with understanding different situations and then what situations one could use intimate touch such as in relationships and in private. This discussion is to help students understand the connections between his/her feelings and the appropriate actions that go along with those feelings (Tissot, 2009).

#### 7.) Dating and Marriage

For this topic, the teacher should discuss the difference of what marriage and dating is and then how both of those relationships look like. In this section, the teacher can talk about how in both of these more complex relationships, how students will need to have open communication with their significant other and how to appropriately express personal feelings and desires. Also, in this section, the educator can discuss how in more serious relationships, partners can live harmoniously together and the responsibilities that come with that (Brantlinger,

1992). The last part that can be covered is understanding and being sensitive to feelings of other when in a relationship.

#### 8.) Pregnancy and pregnancy prevention (contraception, abortion and abstinence)

When teaching this part of the unit, it is important to make sure with your school what you can talk about when discussing this topic. When covering pregnancy, go over how a person can get pregnant and how after having their first period a girl/woman can get pregnant while having sex. At this point, the teacher can bring up different ways of preventing pregnancy with abstinence, using contraception, and using a condom. Make sure to say it is the student's choice of what they will use and that it is not your opinion. After, the teacher can move onto talking about what happens if a person does get pregnant. Discuss options of having the baby, giving the baby up for adoption or abortion. When going through this section make sure to define all the unfamiliar words to students. The last part for this section would be covering family life education to include resources for parenting education and talking about when in a relationship how it is important to talk about when and if they want to have kids. Another topic that can be included is discussing the birthing process to students and how a baby develops in the womb (Brantlinger, 1992).

#### 9.) Abuse/Harassment

This is a high need area to cover for students with moderate to severe disabilities. Students could not understand what some different high risk social situations look like. This is because students with disabilities are more susceptible to contemporary issues such as sexual abuse (Lamorey & Leigh, 1996). When covering this topic, discuss what abuse or harassment can look like. You can review consent again with the students and tell them where to find help if they think they are in this type of situation. Make sure to give examples of what good relationships look like and what bad ones look like to give students a reference point.



#### 10.) Friendships and Love

This topic seems pretty straight forward for most people, but it is a discussion that is sometimes needed for individuals with more severe disabilities. Talking about the difference between being friends with someone and being in love with them is very important. That is a boundary between two people and that is two different types of relationships. For this part of the unit the teacher should discuss the differences in emotions that the students could be feeling and how the two different relationships look like (Allen, 2008).

#### 11.) Personal skills (values, decision making, communication, assertiveness and looking for help)

During this section of the sex education unit, the teacher can talk about how students can have different opinions about previous topics discussed in the unit such as using contraception, having sex or any other topic they could have differing opinions from their peers. Here the teacher can discuss how everyone can have their own values and how that is okay. Then, other topics to be covered could be how in different situations there could be decision that need to be made about relationships or certain sexual situations. The last aspect to cover is again, giving the students places to get information or ways to get help if they think they are in a bad situation. Altogether, this topic goes over how everyone can feel different and that it is human to have different beliefs, and everyone can make different decisions (Lamorey & Leigh, 1996).

## Example Lessons plans for the sex education curriculum

### Lesson 1

Subject & Topic	Type of Lesson	Setting
STDs: different types, symptoms and prevention	<input checked="" type="checkbox"/> small group <input type="checkbox"/> whole group <input type="checkbox"/> individual <input type="checkbox"/> centers/stations <input type="checkbox"/> cooperative learning <input type="checkbox"/> direct instruction <input type="checkbox"/> other -	<input type="checkbox"/> Resource Room <input checked="" type="checkbox"/> Self-Contained classroom <input type="checkbox"/> General Education classroom <input type="checkbox"/> Other -
<b>Standards (SIECUS Standards)</b> <b>Standard 1-</b> Students will comprehend concepts related to health promotion and disease prevention to enhance health. <b>SH.S.CC.1-</b> Define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission Identify medically- accurate information about STDs, including HIV <b>SH.8.AI.1</b> Explain how to access local STD and HIV testing and treatment <b>services SH.12.AI.1</b>		
<b>Instructional Objective (must be measurable; behavior, condition, criterion)</b> - For students to know about different STDs including HIV. - For students to know how STDs are transmitted. - Students will know resources to go to for STD testing and treatments.		
<b>Resources</b> -SIECUS standards - <a href="http://www.ashasexualhealth.org/stdsstis/statistics/">http://www.ashasexualhealth.org/stdsstis/statistics/</a> (STD relevance) - <a href="https://depts.washington.edu/taware/list.cgi?topic=24">https://depts.washington.edu/taware/list.cgi?topic=24</a> (attention getter game) (bingo game) - <a href="https://www.cdc.gov/std/pregnancy/the-facts/default.htm">https://www.cdc.gov/std/pregnancy/the-facts/default.htm</a> (STD pamphlet)	<b>Materials</b> -box of chocolates -matching sheet -Guest speaker from local resource -STD bingo review -STD pamphlet for parents	
<b>Prerequisite Skills (list in sequence, easy to difficult)</b> -Be able to read at a third grade level. (or use pictures to understand information) -Be able to have a discussion with guest speaker, classmates and teacher about the topic at hand. -Be able to learn and organize new information. -Understand that actions can have consequences and that in sexual situations, one needs to take precautions and have open communication.		
<b>Strategies &amp; Activities</b>		
<b>Motivation/Attention Getter</b> -To start the lesson off, the teacher can do an activity called “Sex is Like a Box of Chocolates”. In this activity, the teacher has a box of chocolates and underneath each one		

is a note saying if they got a common STD or not. The teacher will use current rates of how many people in the US get an STD. Currently, one in every two sexually active people will get an STD in the US. So, half of the chocolates will have an STD written under it. This activity is to get the kids thinking about how many people get STDs and how it's a real concern. After this activity, the teacher will discuss the different STDs, prevention/transmission, and resources in the main lesson.

### **Anticipatory Set (activating background knowledge)**

-To start the lesson off, the teacher will be asking students what they know about STDs and seeing what information they already have. Then seeing what questions students have about STDs. The teacher will incorporate the questions into the lesson to address the students' concerns. This will help the teacher see what to focus on more and where to lead the lesson.

### **Objective in student-friendly terms**

-At the end of the lesson the students will find out about STDs, how they spread, and then how to treat them.

### **Strategies/activities**

-The teacher will first be covering what an STD is and the different STDs. This would be basic knowledge about the most common STDs which are: HPV, HIV/AIDS, Chlamydia and Gonorrhea. The teacher will be reviewing the name, most common symptoms and treatments. The students will have a sheet with cut outs to match the STD with the different descriptions. This sheet can be reviewed with students after going over the STDs.

-After, the teacher will go over how STDs are transmitted. This discussion will be mostly a small group discussion with the teacher leading how an STD is transmitted. Talking about how different sexual activities lead to the transmission of diseases. Then, the teacher will talk about how to prevent the spreading of STDs. This will cover using a condom when having sex, waiting to have sex with a person until both people are tested from a facility, getting vaccinated for different STDs, or waiting to have sex until marriage.

- The teacher will be bringing in a guest speaker from a community resource where they do testing or provide information about STDs. The guest speaker will be talking about about testing to find out if you have an STD and about different places to go for treatment and testing.

-At the end, the students will have a chance to ask questions to the guest speaker and have a small group discussion to answer those questions and to review information the teacher already went over.

### **Closure**

-At the end of the lesson the teacher will ask again if the students have any new questions about STDs and have a discussion about that. Then, the teacher will be sending home a brochure for the students to bring home to their parents so they can have a list of resources and the parents can know what was discussed that day. The teacher will end with saying how the students can have discussions with their parents about any questions they did not feel comfortable with talking to their teacher. The bingo review game will be played at this point in the lesson.

**Maintenance & Generalization**

-To help students with remembering the information, the teacher will be reviewing different STDs with the students throughout the semester.

**Evaluation: Formative & Summative**

-To evaluate the students about the content they learned about, the teacher will be using a bingo review game at the end of the lesson to see how much the students remembered and picked up from the lesson. This will help the teacher with knowing what to cover again in future lessons.

**Accommodations**

- Differentiating the information given to students to be at the appropriate level for students.
- Having information written down for students who may not be able to write down the information themselves.
- Having an interpreter in class if needed for students to understand what the quest speaker is saying.
- Providing visuals for students who may not be able to read different words, possibly creating a social story with pictures to help the student understand the information.
- Having the materials written at a 3<sup>rd</sup> grade level so students can understand the information better. (or a different level based on students in the classroom)
- Have assistive technology to help students participate in the lesson.
- Any other accommodations to meet the needs in different classrooms and for different students.
- Give option choices for students who have cognitive disabilities and find it hard to come up with responses on their own. The number can vary based on the student's abilities.

Lesson 2

Subject & Topic	Type of Lesson	Setting
Pregnancy and Reproduction	<input checked="" type="checkbox"/> small group <input type="checkbox"/> whole group <input type="checkbox"/> individual <input type="checkbox"/> centers/stations <input type="checkbox"/> cooperative learning <input type="checkbox"/> direct instruction <input type="checkbox"/> other -	<input type="checkbox"/> Resource Room <input checked="" type="checkbox"/> Self-Contained classroom <input type="checkbox"/> General Education classroom <input type="checkbox"/> Other -
<b>Standards (SIECUS Standards)</b> <b>PR. 8.CC.5-</b> Describe the signs and symptoms of a pregnancy <b>PR.8.AI.1-</b> Identify medically- accurate resources about pregnancy prevention and reproductive health care <b>PR.8.CC.1-</b> Define sexual intercourse and its relationship to human reproduction		
<b>Instructional Objective (must be measurable; behavior, condition, criterion)</b> -Students will be able to know that sex can result in a girl getting pregnant. -For students to know what happens during pregnancy and the signs and symptoms. -The students will be able to know different resources for pregnancy prevention and health care.		
<b>Resources</b> -https://www.youtube.com/watch?v=4n5-sLmnyas (YouTube video) -https://pregnancy.lovetoknow.com/wiki/Pregnancy_Calendar_Overview -https://www.realityworks.com/products/realcare-baby (baby simulator)	<b>Materials</b> -pregnancy video      -KWL chart -markers -salt, pea, kidney bean, lime, avocado, melon, and a small watermelon -stages of pregnancy chart/powerpoint -pregnancy pamphlet from community -baby simulator	
<b>Prerequisite Skills (list in sequence, easy to difficult)</b> -Students need to know how to be able to pay attention for a several minutes at a time during presentations. -Be able to have open discussion with others in the classroom. -Recall information when asked after a lesson. -Know how to ask appropriate questions during a discussion. -Be able to read around a third grade level (or use pictures to understand information)		
<b>Strategies &amp; Activities</b>		
<b>Motivation/Attention Getter</b> -To start the lesson off the teacher will be showing a video about the development of a baby. This is a great visual to see how big the baby can grow and what happens in the body during pregnancy. This will get the students' attention on the topic and get them interested in what they will be learning about that day.		
<b>Anticipatory Set (activating background knowledge)</b> -After the students watch the video the teacher is going to ask them what they thought		

about the video and then ask what they currently know about pregnancy. The teacher will set up a KWL chart for this section. The chart will be set up in three different sections for pregnancy, prevention, and resources. The teacher will fill out the know and want to know section of this chart to see what the students know and want to know about this topic. This lesson will incorporate the students into the content.

### **Objective in student-friendly terms**

-You will understand how people can get pregnant, what happens during pregnancy and resources for prevention and care during pregnancy.

### **Strategies/activities**

-First the teacher will have a discussion with the students of what pregnancy is and how it occurs. The teacher will be discussing how sexual intercourse can lead to pregnancy unless the people involved take steps to prevent it. Examples are using condoms, birth control, or not having sex until marriage. Talk about how deciding what to do is a decision to make with parents and to have a discussion with a doctor.

-Using the stages of pregnancy chart, the teacher will create a Power point to go over each month of pregnancy and discuss the symptoms and signs of change during pregnancy. During the different times, the teacher will have different foods to show how big the baby gets during pregnancy.

-At the end of the lesson the teacher will give a list of resources and a pamphlet with community resources to the students to go over with their parents. The teacher will go over how there is different centers and places to help with prevention and what where to go if one does get pregnant or their partner gets pregnant.

-The last part of the lesson if the school has the resource is to bring in a baby simulator so students can get hands on experience for a class period of what a baby needs. This will be a good practical experience to understand that a baby is a lot of work and is very demanding. The teacher will assist the students, who will work in groups, on how to care for the baby.

### **Closure**

-At the end of the lesson, the teacher will bring out the KWL chart again and have a discussion with the students to see what they can add to the “learned” section of the chart.

### **Maintenance & Generalization**

-The KWL chart created in the lesson will be in the classroom throughout the sex ed unit as well as reviewing the information throughout the unit to assist with maintenance.

### **Evaluation: Formative & Summative**

-Using the KWL chart to see what students remember will help the teacher understand what information they know and what information the teacher should go over again in another lesson.

### **Accommodations**

-Printed version of the power point for students to read to see it better.

-Have the wording at the grade level of the students reading ability or transferred into pictures to help the student understand the content.

-Have assistive technology to help students participate in the lesson.

-Any other accommodations to meet the needs in different classrooms and for different students.

-Give option choices for students who have cognitive disabilities and find it hard to come

up with responses on their own. The number can vary based on the student's abilities.

### Lesson 3

Subject & Topic	Type of Lesson	Setting
Puberty	<input checked="" type="checkbox"/> small group (separate groups) <input type="checkbox"/> whole group <input type="checkbox"/> individual <input type="checkbox"/> centers/stations <input type="checkbox"/> cooperative learning <input type="checkbox"/> direct instruction <input type="checkbox"/> other -	<input type="checkbox"/> Resource Room <input checked="" type="checkbox"/> Self-Contained classroom <input type="checkbox"/> General Education classroom <input type="checkbox"/> Other -
<b>Standards</b> -Explain the physical, social and emotional changes that occur during puberty and adolescence <b>PD.5.CC.1</b> -Identify medically- accurate information and resources about puberty and personal hygiene <b>PD.5.AI.1</b> -Explain how the timing of puberty and adolescent development varies considerably <b>PD.5.CC.2</b> -Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues <b>PD.5.AI.2</b> -Describe how puberty prepares human bodies for the potential to reproduce <b>PAD.5.CC.3</b>		
<b>Instructional Objective (must be measurable; behavior, condition, criterion)</b> -Students will understand the changes that occur with puberty. -The students will be able to state who they can go to for questions regarding puberty. -The students will be able to define how puberty prepares the body for sexual reproduction in their own terms. -The students will be able to understand the general timeline of puberty.		
<b>Resources</b> - <a href="http://teentalk.ca/wp-content/uploads/2014/05/Puberty-Game-20161.pdf">http://teentalk.ca/wp-content/uploads/2014/05/Puberty-Game-20161.pdf</a> (outline and cards) - <a href="https://teachingsexualhealth.ca/teachers/resource/puberty-changes-game-2/">https://teachingsexualhealth.ca/teachers/resource/puberty-changes-game-2/</a> (body outlines) - <a href="https://classroom.kidshealth.org/classroom/6to8/personal/growing/puberty.pdf">https://classroom.kidshealth.org/classroom/6to8/personal/growing/puberty.pdf</a> (dear Emily activity)		<b>Materials</b> -girl and boy body outline -anybody outline -card placements -scissors -glue -poster -white board -poster paper -markers -pictures -white board markers -dear Emily activity sheet
<b>Prerequisite Skills (list in sequence, easy to difficult)</b> -Be able to use scissors or accommodated scissors to cut out objects and glue then in the correct place on paper. -Be able to listen and relate to other experiences. -Be able to ask questions related to the topic at hand. -Student will orally (or AAC) tell the teacher facts from the lesson they just had		

Strategies & Activities
<p><b>Motivation/Attention Getter</b></p> <p>-To start off the lesson, the teacher will have printed out the dear Emily sheet. There are many fake kids who wrote about their feelings about what is happening to them. The teacher will read out loud the fake kids experiences and after reading through them, ask the students if they have ever felt any way like the fake students they read about. Then, the teacher will go onto saying how everyone will go through those thoughts at some point and it's because of puberty. Then, transition into saying how they will be talking about puberty that day(s).</p> <p><b>Anticipatory Set (activating background knowledge)</b></p> <p>-When first discussing the topic for the day the teacher will bring up and ask who has heard of puberty. Then, they will ask if anyone knows what puberty is or what they think it is. The teacher will be writing up on the board the ideas the students come up with. Then, the teacher will be explaining how we will talk about puberty that day. After, the teacher will be asking what kinds of questions the students have, just like the other lessons, to see what students are curious about and what they want to learn about.</p> <p><b>Objective in student-friendly terms</b></p> <p>-Students will understand what puberty is, when it occurs, what happens during it, and who they can go to if they have questions about puberty.</p>
<p><b>Strategies/activities</b></p> <p>-The first thing we will do is define generally what puberty is, when it happens, and then general changes. The changes that would be discussed is the typical physical changes and emotional changes that everyone can go through. When the teacher is going over these topics, they will be writing on a poster at the front of the room for the classroom to look at. Along with pasting pictures to go with what they are writing on these posters so students who are not fluent readers can still understand what is being discussed.</p> <p>-After you finish generally defining puberty, you will have students break off into groups of boys and girls. They will learn about their bodies along with the "anybody" section to understand that everyone still goes through puberty. While the one group is with the teacher, the other group could be completing morning work/daily work with an instructional aid in the classroom. The groups will then switch once they are done. At the end of the lesson, they will come back together to review information and answer any last minute questions.</p> <p>-In the separate groups, the teacher will be doing a "my body" activity with body outlines cut out and cut out placement cards. The teacher will be going over how different areas of the body change during puberty. As the teacher discusses it, the students can cut out and glue the placement cards on the body. The different areas are different for males and females. That is why the groups will be different when going into depth about topics such as masturbation or menstruation. Both of the groups will be also reviewing the "anybody" to understand that everyone goes through puberty in similar ways.</p> <p>-At the end of each group, the teacher will ask the students if there is anything they want to talk about or any questions they want to ask about puberty.</p>



**Closure**

-At the end of the lesson, the two groups will be put together and do the puberty review game. It has posters to put on a board with titles of “emotional” and “Physical”. The students can bring up different words from what they learned about themselves in their groups about what changes happen and what category they should go in.

**Maintenance & Generalization**

-To keep up with maintenance, the teacher will be reviewing puberty again at a later time and it will be reviewed when student eventually have exposure in their health class, if they go to one. The generalization is covered by reviewing how the student’s individual body will change along with learning about how everyone’s body will change as well.

**Evaluation: Formative & Summative**

-To evaluate the students, the teacher will be using the review at the end of the lesson to see how well the students remembered the information and what information they will need to go over in the future.

**Accommodations**

- Have the wording at the grade level of the students reading ability or transferred into pictures to help the student understand the content.
- Have assistive technology to help students participate in the lesson.
- Any other accommodations to meet the needs in different classrooms and for different students.
- Give option choices for students who have cognitive disabilities and find it hard to come up with responses on their own. The number can vary based on the student’s abilities.
- Accommodated scissors for the students when doing the “my body” activity or assistance given by an adult when asked for.
- Printed pictures to represent different words so students can look at the poster and understand what is being discussed.

### Lesson 4

Subject & Topic	Type of Lesson	Setting
Healthy Relationships: what they look like and components to a healthy relationship. Along with Consent	<input checked="" type="checkbox"/> small group <input type="checkbox"/> whole group <input type="checkbox"/> individual <input type="checkbox"/> centers/stations <input type="checkbox"/> cooperative learning <input type="checkbox"/> direct instruction <input type="checkbox"/> other -	<input type="checkbox"/> Resource Room <input checked="" type="checkbox"/> Self-Contained classroom <input type="checkbox"/> General Education classroom <input type="checkbox"/> Other -
<b>Standards</b> -Compare and contrast the characteristics of healthy and unhealthy relationships <b>HR.8.INF.1</b> -Analyze the ways in which friends, family, media, society and culture can influence relationships <b>HR.8.CC.1</b> -Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others <b>HR.8.CC.4</b> -Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched <b>PS.8.CC.3</b>		
<b>Instructional Objective (must be measurable; behavior, condition, criterion)</b> -Students will understand the difference between a good and bad relationship. -Students will be able to demonstrate how to say no when they are uncomfortable. -Students will know how to listen to other people and respect their decisions. -Students will know when they can touch someone and when they are not allowed to. -The student will be able to ask if they can touch another person in a sexual way.		
<b>Resources</b> -https://www.youtube.com/watch?v=kCQIDvEnrTg - https://kidshelpphone.ca/get-info/healthy-relationships-vs-unhealthy-relationships/ (good vs bad relationship) - https://parentsinaction.org/news-views/creating-a-consent-culture-by-talking-to-our-children/ (consent information for parents)		<b>Materials</b> -white board -white board marker -big t-chart -markers -relationship pictures -information for parents -body outline
<b>Prerequisite Skills (list in sequence, easy to difficult)</b> -Students can sit and watch a short video and pay attention to it -Be able to give “affection” in different ways such as high five, handshake or hug -The students can participate in the lessons using one form of communication -Be able to ask questions related to the topic at hand -Student will orally (or AAC) tell the teacher facts from the lesson they just had -Pairs of students will be able to carry out directions that were given.		

<b>Strategies &amp; Activities</b>
<p><b>Motivation/Attention Getter</b></p> <p>-We will be starting off the lesson with a video that describes what a good relationship should include. When the video brings up a certain word(s), ex communication, the teacher will write it on the board. After the video, the teacher will be going over each word/phrase</p> <p><b>Anticipatory Set (activating background knowledge)</b></p> <p>-After reviewing the video, the teacher will be going over each word/phrase that was written on the board in front of the room. The teacher will be reviewing each word/phrase and asking what the students think each one means. Then, using a poster board T-chart, the teacher will be bringing up how there can be good and bad relationships. The teacher will be telling the students how they will learn about these in the lesson that day.</p> <p><b>Objective in student-friendly terms</b></p> <p>-For the students to know the difference between good and bad relationships, be able to say what they are comfortable with sexually and respect where others want to be touched and be able to talk about situations with their partner.</p>
<p><b>Strategies/activities</b></p> <p>-Going from the anticipatory set to the main lesson, the teacher will bring up the website listed in the resources to review with students. This website is designed for kids about relationships and it goes over good vs bad. While reading through the article, the students will have to tell the teacher when to “stop” and write something down on the T-chart. The teacher will be going through what each word means and posting a picture to represent it also on the T-chart. After we go through the information, the teacher will have a discussion with the students saying if they ever think they are in a bad relationship how to talk with someone or call someone to help. The teacher and the aid will show role playing on how to do that and have students take turns role playing.</p> <p>-After talking about relationships, the teacher will move onto consent. The teacher will be defining it up on the board what it means to students in terms they can understand. The teacher will be showing a blank body outline and have it up on the board. The teacher will be going over how a person need to give consent, or the okay, to touch any and every body part.</p> <p>-After we explain what consent is, the teacher will be doing “Working up to a Hug” activity. This activity is to show students how anytime there is different touching, you have to ask permission and both people have to agree to it. At first the teacher will go around asking people if they want a handshake. After, the teacher can move to asking kids if they want a handshake, a side hug, and then a full hug. When going through the activity, the teacher will be explaining how both people have to want to touch in a certain way for it to be okay. When a person says they do not want the certain action/affection, the teacher will explain how if a person says no then you cannot perform the action. Two teachers will role play this activity first and then have the students break off into pairs to practice this activity.</p>
<b>Closure</b>

- At the end of the lesson the teacher will be reviewing the information that was given to the students in the lesson as well as asking the students if they have any questions or anything they want to go over again. This will lead to a small discussion at the end of the lesson.
- The teacher will be sending home a flyer describing what the students talked about along with the website and other resources for the parents and students to have at the end of the lesson.

### **Maintenance & Generalization**

- Since the parents were given the website and other information, they can continue the discussion when they get home with parents. Parents can review information and talk with their students about what they covered in class. Then, the teacher will be reviewing consent and how it is needed in other lessons when discussing sexual intercourse during other lessons.

### **Evaluation: Formative & Summative**

- To evaluate the students after the lesson, the teacher will be reviewing the body outline with each student and asking what parts they have to give consent for. Also, the teacher will be reviewing the difference between good and bad relationships. The teacher will look at how the students did when reviewing and base future lessons off of that.

### **Accommodations**

- Adjust wording of different portions of the lesson to be at the students' reading level.
- Have any visuals in a format for students to be able to see (printed images, videos on the students' devices, etc.)
- Have words transferred into pictures so students can understand the meaning of text/words on posters.
- Changing the different "affections" for the working up to a hug activity.
- Have assistive technology to help students participate in the lesson.
- Any other accommodations to meet the needs in different classrooms and for different students.
- Give option choices for students who have cognitive disabilities and find it hard to come up with responses on their own. The number can vary based on the student's abilities.

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